**Remarks**

Applicants have carefully reviewed the Office Action dated August 17, 2004. Claims 1, 6, 21, 22, 28 & 29 are pending in the application and rejected by the Examiner. Claim 21 has been amended and new claims 30-33 have been submitted with this amendment. Favorable consideration of all pending claims is respectfully requested.

Claims 1, 6, 21, 22, 28 & 29 stand rejected under 35 U.S.C. §102(e) as being anticipated by McKenzie et al. (U.S. Patent No. 6,499,487). Examiner asserts that McKenzie et al. teach each element of the claimed invention. Applicants respectfully traverse this rejection.

Applicants assert that McKenzie fail to teach the claimed invention. Claim 1 recites a vascular filter disposed on a guidewire. McKenzie fails to teach at least this element. McKenzie teaches an aortic diverter for diverting or redirecting emboli away from the carotid arteries. See col. 2, lines 24-26. As shown in Figures 6-10, the aortic diverter, which the Examiner asserts is a vascular filter, is not disposed on the guidewire 100. Further, the aortic diverter is intended to remain in the vessel either temporarily or permanently after deployment and removal of the catheter. See col. 2, lines 37-39. As shown in Figures 6 and 7, the catheter 110 is disposed between the guidewire 100 and the aortic diverter 10. During the deployment of the aortic diverter, the diverter does not contact the guidewire. Therefore, the aortic diverter may not be disposed on the guidewire. Additionally, the method and apparatus described in Figures 6-10, which employs a guidewire, is not interchangeable with the method and apparatus described in Figures 11-13, which does not utilize a guidewire. The method of delivering an aortic diverter as shown in Figures 11-13 necessarily cannot employ a guidewire. The method

as shown in Figures 11-13 shows an aortic diverter delivered with a cannula 140 that directly penetrates the lumen of the aorta. See col. 10, lines 51-65. The cannula 140 has a distal end 150 having a sharp turn. It is apparent that a guidewire is not used with this method and would make such cannula inoperable. A guidewire is intended to be advanced through the vasculature to define a pathway to reach a distal location. A medical device may then be advanced over the guidewire and navigated through the vasculature to reach the intended treatment site. A guidewire serves no purpose in delivering an aortic diverter such as with the method as shown in Figures 11-13. The cannula 140 is not advanced through the vasculature, but is directly inserted through the wall of the aorta proximate the deployment sight. See col. 10, 53-55. Furthermore, the cannula 140 shown in Figures 11-13 is not compatible with a guidewire. Due to the sharp turn at the distal end 150 of the cannula 140, it would be impossible to advance the cannula over a guidewire. Such a sharp turn would frustrate advancement of the cannula and bind the guidewire. A cannula compatible with a guidewire operatively cannot have a sharp turn such as shown in Figures 11-13.

Additionally, McKenzie et al. fail to teach a "vascular filter causing emboli to become deposited in the vessel in the vicinity of the vascular filter" as claimed in claim 1. McKenzie et al. teach an aortic diverter placed in the aorta in order to divert embolic material away from the carotid or cerebral arteries. See col. 1, lines 10-14. Such an aortic diverter is not a vascular filter as currently claimed. As stated in McKenzie, "With the aortic diverter placed in the ascending aorta...emboli entering the ascending aorta will necessarily have to flow through the aortic diverter and exit the distal end of the aortic diverter downstream of the carotid arteries....The embolic material is not trapped

on the filter but is washed downstream...by the stream of blood rushing through the aorta." See col. 3, line 62 through col. 4, line 12. Therefore, the aortic diverter taught in McKenzie et al. necessarily is not a vascular filter causing emboli to become deposited in the vessel in the vicinity of the vascular filter. In contrast, as stated in McKenzie et al. embolic material is intended to pass through the aortic diverter in the diverted blood stream. Thus, McKenzie et al. fail to teach a vascular filter as in the current invention.

Applicants assert that McKenzie et al. fail to teach what is claimed in claim 1. Applicants believe that the above remarks clearly distinguish the current invention from the prior art of record. Accordingly, applicants assert claim 1 is currently in condition for allowance. Claims 6 and 28 depend from claim 1 and add significant additional elements, therefore, they are also believed to be allowable.

Claim 21 has been amended to more accurately describe the invention. Specifically, claim 21, as amended, more accurately describes the bent tip with a rounded profile. As claimed in claim 21, the bent tip with a rounded profile partially occludes the lumen. See, for example, Figures 5A-6 of the specification. McKenzie et al. fail to teach at least this limitation of claim 21. As shown in Figures 6, 8 & 9, McKenzie et al. teach a catheter 110 having a lumen. Notwithstanding the fact that Applicants disagree with the Examiner's contention that Figure 9 of McKenzie et al. teach a bent tip, Applicants assert that McKenzie et al. fail to show a bent tip with a rounded profile that partially occludes the lumen. The lumen of catheter 110 as shown in Figures 6, 8 & 9 extends longitudinally to the distal end of the catheter and is not occluded by any portion of the distal tip.

Likewise, the cannula of Figures 11-13 fail to teach a bent tip that partially occludes the lumen. As shown in Figures 11-13, although the cannula has a sharp change of direction at the distal end, the lumen is not partially occluded by a bent distal tip. The lumen retains a constant diameter throughout the length of the cannula.

Additionally, claim 21 recites a guidewire wherein the catheter is adapted to be advanced along the guidewire. McKenzie et al. fail to teach this limitation in combination with a bent tip as claimed. No guidewire is present in the method of deploying an aortic diverter as shown in Figures 11-13. As stated above, the use of a guidewire with the cannula shown in Figures 11-13 would make the device inoperative for its stated purpose. Applicants assert that McKenzie et al. fail to teach the combination of a catheter having a bent tip partially occluding the lumen, wherein the catheter is adapted to be advanced along a guidewire.

Applicants assert that McKenzie et al. fail to teach what is claimed in claim 21. Applicants believe that the above remarks clearly distinguish the current invention from the prior art of record. Accordingly, applicants assert claim 21 is currently in condition for allowance. Claims 22 and 29 depend from claim 21 and add significant additional elements, therefore, they are also believed to be allowable.

Reexamination and reconsideration is respectfully requested. It is respectfully submitted that all pending claims, namely claims 1, 6, 21, 22 and 28-33 are now in condition for allowance. Issuance of a Notice of Allowance in due course is anticipated. If a telephone conference might be of assistance, please contact the undersigned attorney at (612) 677-9050.

Respectfully submitted,

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By his Attorney,

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